

# **Nurses for Newborns**

7259 Lansdowne Ave. Suite 100 St. Louis, MO 63119

May

# **Check Requisition**

This form is to be used to request a check when no vendor invoice is available. Other types of pertinent documentation must accompany this form. Recipts or invoices recieved after the fact should be forwarded to Finance.

| Total Amount Requested: 281. 62                    | Date Needed:/                                       |
|--|---|
| Purpose (seminar, etc. & attendees):               | m other   |
|  |   |
| Vendor Information                                 |   |
| Name: Payment Processing                           | Center (ALLY)                                       |
| Name: Payment Processing Address: P.O. Box 9001951 | <u></u>   |
| City: Louis ville                                  |   |
| Phone:   |   |
| Contact:   |   |
| Please attach a complete W-9 for initial (new) pa  | ayments to landlords or vendors providing services. |
| Requesto   | ed By:  |
| Approved I   | Ву:   |
|  | Approval Date:/                                     |
| (FOR OFFICE USE ONLY) G/L Account:                 |   |

## Office of Administration

## Commissioner's Office

## "Request for Preauthorization for Other Services"

|   | ernatives to Abortion arses for Newborns : N/A                       |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
|   | elow the information for each i<br>chased, cost for the item, and th | ne justification. Ite  | , A  |  |  |  |  |  |
| Client Name   |  | Date Enrolled: SISIT   |  |  |  |  |  |  |
| Proposed<br>Purchase<br>Date  | Item   | Total Cost<br>(include formal<br>estimate from<br>provider of<br>services) | Justification, include other sources of funding that have been attempted |  |  |  |  |  |
| 3/5/17  | CAT PAJORAS TAS  | 281.62   | of her bolons, only son to her bolons                                    |  |  |  |  |  |
| AMOUNT TO BE REIMBURSED  281. 62  Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to <a href="mailto:emily.kraft@oa.mo.gov">emily.kraft@oa.mo.gov</a> by the Contractor only! Thank you. |  |  |  |  |  |  |  |  |
| Authorized pe   | rson requesting purchase:  | My   | <b>~</b>   |  |  |  |  |  |
|   | purchase:  |  |  |  |  |  |  |  |
| Purchase denied:Date  |  |  |  |  |  |  |  |  |
| Reason for der  | nying purchase:  |  |  |  |  |  |  |  |

# Ally Financial Inc.





Questions?

Visit ally.com/auto or call 888-925-ALLY (2559)

Statement reflects payment(s) received through: 05/11/17

| Account   | Summary           |           |                |  |       |                            |              |            |
|---|-------------------|-----------|----------------|--|-------|----------------------------|--------------|------------|
| Next Pay  | ment              |           | Past Due Payme | nts  |       | Other Unp                  | aid Amounts  |            |
| Due Date:         05/19/17           Monthly Amount:         \$281.62           Total:         \$281.62           STATEMENT TOTAL:         \$291.16 |                   |           |                | Late Charge: Miscellaneous: Extension Fee: |       | \$9.54<br>\$0.00<br>\$0.00 |              |            |
|   |                   |           |                | \$0.00                                     |       | Total:                     |              | \$9.54     |
| Due Date  | Scheduled Payment | Date Paid | Unpaid Balance | Financo C                                  | harge | Late Charge                | Other Charge | Total Paid |

Account Information

Important Account Message

YOUR AUTO ACCOUNT IS A RETAIL INSTALLMENT SALE CONTRACT UNDER WHICH FINANCE CHARGES ARE ASSESSED DAILY ON THE OUTSTANDING BALANCE OF AMOUNT FINANCED. THE TIMING OF YOUR PAYMENT WILL AFFECT THE AMOUNT OF FINANCE CHARGES YOU PAY OVER THE LIFE OF YOUR AUTO ACCOUNT. FOR MORE INFORMATION ON HOW THE TIMING OF YOUR PAYMENT AFFECTS YOUR CONTRACT, PLEASE CALL US AT 1-888-925-ALLY (2559).

Message from GMT Auto Sales: We appreciate your business. As a loyal customer, we want to continue to be your preferred dealership by providing the best possible purchase and service experience. We have thousands of dollars in eventory available on the most popular models. Saving for a big purchase? No need to switch banks. Just open an Ally Bank Online Savings Account - you'll earn interest rates that are among the most competitive in the country. Plus, there's no minimum balance to open and no monthly maintenance fees. To learn more, visit allybank.com. Ally Bank, Member FDIC.

#### Don't Want to Mail Your Payment? We have Options:

- Automatic Payments Allows your payment to be conveniently transferred from your checking or savings account to Ally, at no cost to you. Please visit ally com/auto for more information.
- Online Payments and Billing Statements Register for Atty Online Services at any corn/auto, add your account, then schedule one-time payments at your account, one time payments at your account, one time payments at your account, then schedule one-time payments at your account.
- \$ Payments by phone or payments online by debit cards To hear available options call 888-925-2559. A third party service provider fee may apply

### Contact Information: You can reach us by visiting ally.com/auto or call us at 888-925-ALLY(2559)

Do not send cash or post-dated checks. All checks will be processed upon receipt. Make checks payable to ALLY. Return the pomon below with your payment to the Payment Processing Center address below.

0000-0000

ally

PO BOX 380902 BLOOMINGTON MN 55438-0902 DUE DATE: ACCOUNT NUMBER: STATEMENT TOTAL: TOTAL AMOUNT PAID: 05/19/17 \$291.10

PAYMENT PROCESSING CENTER PO BOX 9001951 LOUISVILLE KY 40290-1951





